

## IA ETHICS AND PAISH DISCLOSURE E

THE PACK OF FORM OF	T 22 PM 1-17	
CHECK ONE:	11 22 (11 4. []	FORM STATEMENT
This is an Initial* Statement of Organization	No. of the last of	DR-1 OF
"An initial Statement of Organization	Follows a policy of the second	(Rev. 04/2008) ORGANIZATION
"An initial Statement of Organization must be filed within 10 days of the comaking expanditures, or incurring indebtedness exceeding \$750. America charge. Penalties may be imposed for late-filed Statements of Organization	mmittee's accepting contributions,	For Office Use Only O
a Clianon Manaylan mate La lana a community of the control of the	PRING MUST DE Meri whhis on an access	Indexed
committee that exceeds \$750 in activity for another office shall file within 1 DR-1 disclosing information concerning the campaign for the new office so	0 days either a new or amended	Audited
COMMITTED NAME	ught.	Computer
COMMITTEE NAME + + (A candidate's committee must include the	e candidate's last name in the name of	f the compittee )
	on Committee	++++++++++++++++++++++++++++++++++
IMPURIANT Indicate to a second	CAMM, CLEE	
(5) County Candidate (5) City Counting for Retention Candidate (2)	Statewide PAC (3)State Party (4	County Control Commission
( 5 )County Candidate ( 5 )City Candidate ( 7 )School Board or Other ( 10 )School Soard or Other Political Subdivision PAC ( 11 ) Local Bal	Political Subdivision Candidate (8)	Pounty PAC ( 9 )City PAC
The state of the s	iot issue (including committee invol	ed in multiple city/county ballot issues)
Name VI	COMMITTEE CHAIR (mands	NOW OVERE TON & COMMENTS
Inbort (remer	Name TA-MARA SO	( )
Mailing Arkinge 1	Mailirio Address	.011
City, State L 1 Zip Code 1 1	Matting Address Box 27	
Corine) TA 50111	City, State + Zip Code + Zip Code	-02//
	- MOKWOW, JA	ULII
Phone (\$17) edique 986-9372	Phone (575 5 77 49	2,35
INDICATE PURPOSE OF COMMITTEE - Check One Box M. AND		1
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv.	Octo Orlandinat condinate (2)	DUST. BOM
Comment or description:  All Candidates Enter:  Office Sought:	Ad	Visite for ballot issue(8)
Office Sought:	County/Local Candidates ar	L' Local Ballot Committees Enter:
Pa-Miles of the second	County:	
Political Party (if applicable)	(If active in multiple ballot issue	e elections, attach list of counties
District:		
Year Standing for Election:	Date of Election:	
Dowle Advanced N		
Bank Account Name (must match committee name)	Candidate name & Address or Pa	First Entity (PACs. if applicable).
, ** **	Candidate name & Address or Pa	rint Entity (PACs. if socilcable),
Bat Day L. G. G. All DAC	Candidate name & Address or Pa	rent Entity (PACs. if sopicable).
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Name of Financial Institution type of Account  Bank Town		rent Entity (PACs. if soplicable). I late. or Sponsor
Name of Financial Institution type of Account  Bank Towa  Mailing Address	Mailing Address ↓ ↓	i late. or Sponsor
Name of Financial Institution type of Account  Bank Towa  Mailing Address	Mailing Address ↓ ↓	frint Entity (PACs. if soplicable).  i late. or Sponsor  State   Zip   J
Name of Financial Institution/type of Account  Bank Iowa  Mailing Address  IISO Jordan Creek Parkway  City State	Mailing Address ↓ ↓	i late. or Sponsor
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Name of Financial Institution Type of Account ##  Bank Towa  Mailing Address ##  1150 Jordan Creek Parkway  City ## State ## Zip ##  West Des Moines ## 50266	Mailing Address	i late. or Sponsor
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Name of Financial Institution/type of Account  Bank Jowa  Mailing Address  ILSO Jordan Creek Parkway  City	Mailing Address  City  Phone ( )  c-Mail  ms the following: they are subject to the laws in lowe Code	Sate J Zip J J
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FOR INSTRUCTIONS, SEE BACK OF FORM		FORM DR-1	STATEMENT OF	
This is an Initial* Statement of Organization 2008 007 20 /	4H 8: 17	(Rev. 04/2008)	ORGANIZATION	
"An initial Statement of Organization must be filed within 10 days of the comm	nittee's accepting contributions,	For Office Use O		
making expenditures, or incuming indebtedness exceeding \$760. Amendment a change. Penalties may be imposed for late-filed Statements of Organization	tts must be filed within 30 days of	Indexed		
committee that exceeds \$750 in activity for another office shall file within 10 di DR-1 disclosing information concerning the campaign for the new office sough	AVE Althor & now or amanded	Audited		
COMMITTEE NAME     (A candidate's committee must include the candidate must include the candidate's committee must include the candidate must include the candidat		the committee )		
IMPORTANT: Indicate type of committee you are reporting for: 2	n Committee			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) S (6) County Candidate (6) City Candidate (7) School Board or Other Po (10) School Board or Other Political Subdivision PAC (11) Local Ballot	Michi Subdivision Candidato / 8 Y	County BAC / 9 \Cit	fu DAC i	
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda			
Name + Robert Crane	Name in M104	And and a control of the control of	indicate & COUNTIERO)	
Mailing Address 177 NW 74th YC	Mailing Address	7		
City, State 1 2ip Code 1 50111	City, State   Zip Code   XOR WOLK, IA	50211		
Phone (5/1) Redge 986.9372	Phone (575 5 77.49	85		
e-Mail (Crant & Cranerandassociates inc. Com	re-Mail VETESCOTT	?DWX.BD	u	
INDICATE PURPOSE OF COMMITTEE - Check One Box Advoc	□ Ad	vocate against ballot	lasue(s)	
All Candidates Enter: Office Sought:	County/Local Candidates an	d Local Ballot Com	mittees Enter:	
Political Party (if applicable)	County: (If active in multiple ballot issu	e elections, attach lis	at of counties	
District:	Date of Election:			
Many Chandles & Ch H				
Year Standing for Election:  Benk Account Name (must match committee name)	Canalidate como 9. Address et Da	mane Engley (DACe II	f anniloghie)	
Bank Account Name (must match committee name)	Candidate name & Address or Pa	ront Entity (PACs, i filiate, or Sponsor	fapplicable).	
Bank Account Name (must match committee name)			f applicable),	
Bank Account Name (must match committee name)	AI	fillate, or Sponsor	f applicable).  Zip ↓ ↓	
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